



The Max Foundation

www.themaxfoundation.org

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MAXimize Life Wristband Program **Patient Group Application Form**

Instructions: Please print or type and submit via mail or fax

| | |
|---|----------------|
| Organization name: | |
| Name of person to contact regarding this application: | |
| Name of person who will receive or sign for shipment: | |
| Organization shipping address: | |
| Telephone number: | Email address: |
| Does organization have a website? | If yes, URL: |
| What is the primary mission of your organization? | |
| Below, please give a brief history of the organization; include date founded and/or other significant events: | |
| | |
| Please describe below how your organization will use these wristbands. Check one or both boxes: | |
| <input type="checkbox"/> Will use them as a fundraising tool and solicit donations for the following cause: | |
| | |
| <input type="checkbox"/> Will give them away at no charge, to create awareness for: | |
| | |

The Max Foundation (TMF) agrees to pay the shipping charges to recipient's mailing address.
Recipient agrees to pay any taxes, duty, customs fees and other local delivery or release charges.

-----For Internal Use Only:-----

- There are no OFAC Country Sanctions
- Fund Recipient does not appear on SDN list
- This Organization does not appear on SDN list

Amount Requested _____

Signature _____